

1472

AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in Plain terms, that it may be properly classified. If any item can not be obtained insert word "unknown." Make every effort possible to secure this information. Incorrect certificates will be returned for correction.

FILL OUT ALL BLANKS.

WRITE PLAINLY, WITH UNFADING INK.

PLACE OF DEATH		ARIZONA STATE BOARD OF HEALTH	
County <u>APACHE</u>		BUREAU OF VITAL STATISTICS	
District <u>SAINT JOHNS, ARIZONA</u>		State Index No. <u>23</u>	
Town <u>SAINT JOHNS</u>		County Registered No. <u>8</u>	
Or City <u>SAINT JOHNS</u>		Local Registrar's No. <u>8</u>	
ORIGINAL CERTIFICATE OF DEATH			
No. _____ St. _____			
(If death occurred in a Hospital or Institution, give its NAME instead of street and number.)			
FULL NAME <u>Charles Jones</u>			
PERSONAL AND STATISTICAL PARTICULARS			
SEX <u>Male</u>	Color or Race <u>White</u>	SINGLE <u>MARRIED</u>	
	<u>Indian</u>	<u>WIDOWED</u>	
	<u>Black</u>	<u>OR DIVORCED</u>	
	<u>Chinese</u>		
	<u>Mexican</u>		
DATE OF BIRTH <u>Oct 14 1899</u>			
(Month) (Day) (Year)			
AGE <u>19 yrs 8 mos 11 days</u>			
If less than 1 day _____ min.			
OCCUPATION <u>Pupil</u>			
(a) Trade, profession or particular kind of work			
(b) General nature of industry, business, or establishment in which employed or (employer)			
BIRTHPLACE (State or country) <u>SAINT JOHNS, ARIZONA</u>			
PARENTS			
NAME OF FATHER <u>Elazar Jones</u>			
BIRTHPLACE OF FATHER (State or country) <u>Wales</u>			
MAIDEN NAME OF MOTHER <u>Caroline Chittenden</u>			
BIRTHPLACE OF MOTHER (State or country) <u>Australia</u>			
THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE			
(Informant) <u>Mrs. E. Jones</u>			
(Address) <u>SAINT JOHNS, ARIZONA</u>			
PLACE OF BURIAL OR REMOVAL <u>ST Johns</u>			
DATE OF BURIAL OR REMOVAL <u>June 26, 1919</u>			
UNDERTAKER <u>SAINT JOHNS, ARIZONA</u>			
ADDRESS			
MEDICAL CERTIFICATE OF DEATH			
DATE OF DEATH <u>June 25 1919</u>			
(Month) (Day) (Year)			
I hereby certify, that I attended deceased from <u>June 2</u>			
<u>1919</u> to <u>June 26</u> 1919; that I last saw him alive			
on <u>June 26</u> 1919, and that death occurred on the date			
stated above at <u>11 P</u> M. The DISEASE or INJURY causing			
Death was as follows: <u>Typhoid fever</u>			
(Duration) _____ yrs _____ mos <u>3</u> days			
Was disease contracted in Arizona? <u>yes</u>			
If not, where? _____			
CONTRIBUTORY <u>Peritonitis from</u>			
<u>Perforation</u> (Duration) _____ yrs _____ mos _____ days			
(Signed) <u>J. J. Boudin</u>			
1919 (Address) <u>SAINT JOHNS, ARIZONA</u>			
*In deaths from VIOLENT CAUSES state (1) MEANS OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.			
LENGTH OF RESIDENCE			
At place of death <u>19</u> yrs <u>8</u> mos <u>11</u> ds. In Arizona _____ yrs _____ mos _____ ds.			
Former or Usual Residence			
Filed <u>7/2</u> 1919 <u>Martin Jensen</u>			
Local Registrar			
Filed <u>7/10</u> 1919 <u>J. J. Boudin</u>			
County Registrar			